DOCUMENT RESUME

ED 290 101 CG 020 465

TITLE	The 14 Worst Myths about Recovered Mental Patients.
INSTITUTION	National Inst. of Mental Health (DHHS), Rockville, MD.
REPORT NO	DHHS-ADM-85-1391
PUB DATE	85
NOTE	21p.
PUB TYPE	Reports - General (140)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Beliefs; Deinstitutionalization (of Disabled); *Mental Disorders; *Mental Health; *Misconceptions; *Rehabilitation; *Social Discrimination; Social Support Groups

ABSTRACT

Fourteen myths about recovered mental patients are discussed in this pamphlet. The myths are introduced in a true/false checklist. Famous recovered victims of mental illness are cited, most notably Abraham Lincoln. Three vignettes concerning non-famous people and the rebuffs they faced as they attempted to become self-sufficient are presented. Deinstitutionalization and the problems of lack of social support and housing faced by recovering mental patients are discussed. The 14 myths are presented, labeled false, and facts contradicting the myth are provided. The myths include notions that recovered mental patients are unpredictable, can never be normal, are dangerous, are not able to converse, have a hopeless future, and are not suited to really responsible jobs. The pamphlet concludes with suggestions about what others can do to support the mentally ill. (ABL)

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National Institute of Mental Health

The 14 Worst Myths About Recovered Mental Patients

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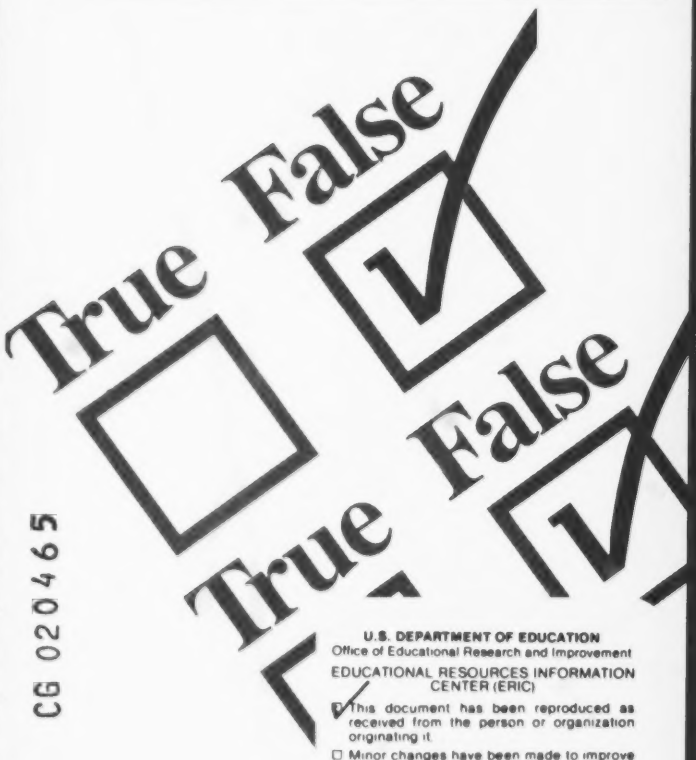

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

THE MYTHS

	TRUE	FALSE
1. A person who has been mentally ill can never be normal.	☐	☐
2. Even if some mentally ill persons return to normal, chronically mentally ill people remain different — in fact, crazy.	☐	☐
3. If people with other handicaps can cope on their own, recovered mental patients should be able to do so, too.	☐	☐
4. Persons with mental illness are unpredictable.	☐	☐
5. Yes, but those with "split personalities" must remain unpredictable.	☐	☐
6. Mentally ill persons are dangerous.	☐	☐
7. But recovered mental patients are surely potentially dangerous. They could go berserk at any time.	☐	☐
8. Anyone who has had shock treatment must really be in a bad way.	☐	☐
9. When you learn a person has been mentally ill, you have learned the most important thing about his or her personality.	☐	☐
10. You can't talk to someone who has been mentally ill.	☐	☐
11. If a former mental patient has a really bad history there isn't much hope.	☐	☐
12. A former mental patient is bound to make a second-rate employee.	☐	☐
13. Perhaps recovered mental patients can work successfully at low-level jobs. But they aren't suited for really important or responsible positions.	☐	☐
14. Recovered mental patients have a tough row to hoe. But there's not much that can be done about it.	☐	☐

Victims of Illness ...

One in four American families is affected by mental illness, a fact that makes it everbody's business. No segment of our society is immune.

The picture is not a bleak one, however, since people can and do recover from mental illness. There are some famous examples, including President Abraham Lincoln, philosopher William James, novelist Virginia Woolf, U.S. Senator Thomas Eagleton, popular singer Rosemary Clooney, and professional golfer Bert Yancy.

Lincoln was a victim of depression. Before his illness, he was little more than an average lawyer – honest but undistinguished. It was *after* he overcame that illness that he attained the presidency and became one of America's – and the world's – outstanding leaders.

Lincoln is not alone in having achieved great things despite an intense struggle with mental illness. The accomplishments of these other remarkable men and women who have suffered and recovered from mental illness also make a strong case for encouraging recovered mental patients to strive to the limits of their capacity.

Victims of Prejudice ...

But not all people who have successfully traveled the road to recovery find the acceptance accorded to the famous. Three stories, based on actual facts (but with names and details changed), serve to illustrate the cruel rebuffs that many former mental patients encounter when they attempt to become self-sufficient.

Victim: Nicki Selden, Sales Consultant

After working for 6 months as a typist, Nicki Selden revealed to her boss that she had been a mental patient. The new medicine she was taking to control her symptoms was causing her to feel sick, and though her doctor assured her that this reaction would soon pass, she felt she should explain why she was losing time from work. Nicki's boss, with whom she had a good relationship, seemed to listen sympathetically. But 4 days later, Nicki was fired.

In the 14 years since that incident, Nicki has worked successfully as a teacher, a camp counselor, and a sales consultant. But she no longer speaks of her illness to anyone except her closest friends. "If I am asked by an employer if I have ever had a nervous breakdown, I will answer, 'No,' says Nicki. "If I am asked why there was a gap in my employment, I will say, 'I traveled.' If they notice my hands are trembling because of my medication, I will say, 'It is due to my thyroid.' I must do all of this because there is a stigma attached to anyone who has had mental illness."

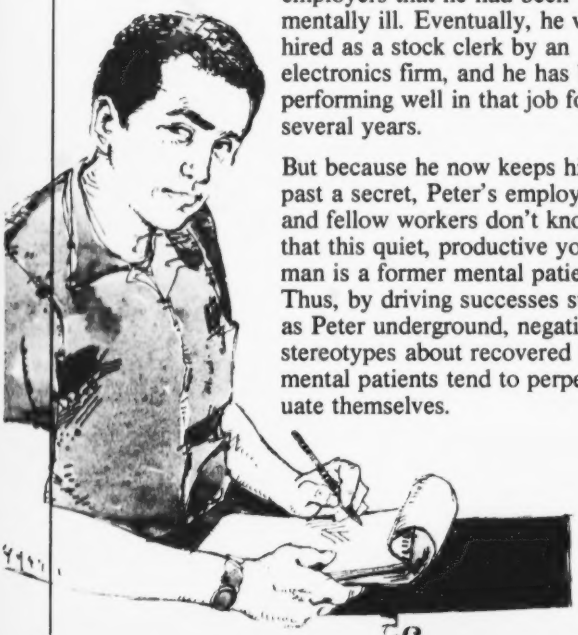
Victim: Peter Travis, Stock Clerk

Nicki is far from alone in reaching this conclusion. Peter Travis will never forget what happened when he tried to find a job after a months-long struggle with mental problems.

Substantially better with the help of medication, but still lacking in confidence, Peter mustered his courage and went out to talk with potential employers. One of the first he approached was the manager of a fast-food restaurant. Peter told his story as truthfully as possible, but the manager's reaction was chillingly blunt: "If I hire you," he said, "how do I know you won't come in here with a gun and kill people?"

Deeply hurt and discouraged, the young man left. After a few days, he continued his job hunt, but no longer told prospective employers that he had been mentally ill. Eventually, he was hired as a stock clerk by an electronics firm, and he has been performing well in that job for several years.

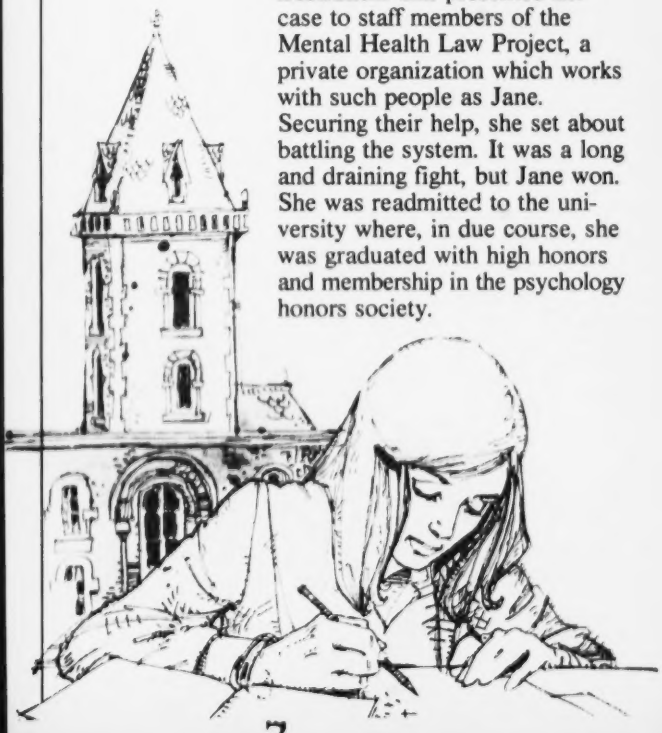
But because he now keeps his past a secret, Peter's employers and fellow workers don't know that this quiet, productive young man is a former mental patient. Thus, by driving successes such as Peter underground, negative stereotypes about recovered mental patients tend to perpetuate themselves.



Victim: Jane Moseley, College Graduate

Education is another area affected by prejudice and stereotyping. After several episodes of mental illness, hospitalization, and slow recovery, Jane Moseley felt ready to complete her graduate studies in psychology. She was told by officials of the university she had attended before her illness that she would have to apply for readmission, and she did so. But she was shocked at the response she received – a form letter rejecting her application on the grounds that she did not meet the university's standards for admission. Her requests for an explanation met with no response.

Fortunately, Jane was able to draw energy from her pain and frustration. She presented her case to staff members of the Mental Health Law Project, a private organization which works with such people as Jane. Securing their help, she set about battling the system. It was a long and draining fight, but Jane won. She was readmitted to the university where, in due course, she was graduated with high honors and membership in the psychology honors society.



Unfortunately, many cases end less happily. Often prejudice prevents recovered mental patients from taking important steps toward the vocational, residential, and social mainstream. As a result, they may remain blocked in their efforts to lead lives that are as normal and productive as possible.

This problem has become acute in recent years, as large numbers of patients have been released from mental institutions, and others who might formerly have been hospitalized are instead being treated within the community. It has been estimated that, in the United States, at least 2 million persons fall into these categories.

There have been good reasons for the trend toward *deinstitutionalization*, including the development of highly effective drugs and the belief that patients can be treated more humanely and successfully outside asylum walls. Unfortunately, the movement has been beset by lack of planning as well as lack of funds for adequate support services. Inadequate support, in turn, has made it harder for former mental patients to gain acceptance in the community.

The question of housing for former mental patients is especially likely to bring out latent fears and prejudices. Recently, when a halfway house tried to buy several condominium apartments for recovered mental

patients, other tenants in the building protested strongly. The value of their property would go down, they insisted, and their children would be in danger.

Despite this opposition, the halfway house succeeded in buying apartments. The new tenants proved themselves to be good neighbors and today, some months later, they are well accepted. In fact, one former patient is now welcomed as a babysitter by some of the same parents who earlier expressed fears for their children's safety.

Learning the Facts ...

Concerned citizens and mental health professionals are working to improve community resources for former mental patients, and they welcome the help of others in the effort. At the same time, if recovered patients are to become a part of the larger community, it is essential that the public learn more of the facts about mental illness and former mental patients.

Myths about these individuals and their disabilities abound. Some of the falsehoods have been so persistent that they have acquired an aura of truth – and many are widely though wrongly accepted as facts. Let's look at 14 of the most prevalent:

MYTH No. 1

FALSE "A person who has been mentally ill can never be normal."

FACT

Mental illness is often temporary in nature. A previously well-adjusted individual may have an episode of illness lasting weeks or months, and then may go for years – even a lifetime – without further difficulty. To label such a recovered patient "abnormal" is both unfair and unrealistic.

Many other patients are subject to bouts of disturbance. Between episodes though, they may be perfectly well, and at these times they understandably resent being treated as other than normal.

Like the rest of us, former mental patients deserve to be judged on their own merits. Too often, they are thought of only in terms that unfairly label them.

MYTH No. 2

FALSE "Even if some mentally ill persons return to normal, chronically mentally ill people remain different – in fact, crazy."

FACT

Individuals who have been disturbed for a long time and continue to have symptoms are called chronically mentally ill. Usually, these people have spent long years in hospitals and, even after discharge, must continue to

take medication. The combination of illness, years of hospitalization, and side effects of medication often causes them to look or act in strange ways. But the longer they are in the community and able to interact with other people, the more nearly normal their behavior is likely to become.

In any case, among those who have recovered enough to live outside a hospital, any strange behavior is likely to be relatively limited and harmless. Some of them, for example, mutter to themselves to an abnormal degree. But many of these individuals will stop talking to themselves when spoken to and then can carry on a pleasant conversation. Many also are able to work productively and live at least semi-independently, if the community will support their efforts.

FALSE

MYTH No. 3

"If people with other handicaps can cope on their own, recovered mental patients should be able to do so, too."

FACT

Most people who have been through a disabling illness need help, or *rehabilitation*, to return to normal functioning. Physical therapy often fills this role after

physical illness. Similarly, following mental illness, social rehabilitation is usually needed.

There are many reasons why this is so. In the case of persons with chronic mental illness, the "differentness" we have mentioned makes it difficult for many of them to get back into society without help. Also, they often first become mentally ill in their teens or early twenties. Their education is interrupted, making it that much more difficult for them to earn a living later. In addition, "fitting in" is particularly important during these early years. Since mentally disturbed young people have difficulty fitting in, their social connections may be disrupted and their self-esteem seriously, and often permanently, damaged. For all these reasons, recovered mental patients typically need substantial support to reenter their communities successfully.

MYTH No. 4

FALSE "Persons with mental illness are unpredictable."

FACT

Some *are* impulsive and their actions unpredictable when they are actively ill. But once they have recovered, most of them are consistent in their behavior and are likely to present few surprises to those who know them.

MYTH No. 5

FALSE "Yes, but those with 'split personalities' must remain unpredictable."

FACT

"Split personality" is a popular but misleading description of schizophrenia, one of the major mental illnesses. Persons with *schizophrenia* do not really have split personalities. Rather, when they are ill, their thinking becomes confused. They may also suffer from delusions (false beliefs) or hallucinations. Appropriate medication will often control or eliminate these symptoms and any accompanying unpredictability.

On the other hand, those with *multiple personalities* (such as Eve in the motion picture, "The Three Faces of Eve") may be extremely unpredictable. But individuals with this condition are so rare that few of us will ever encounter one of them. And though they may be unpredictable, they are generally not violent.

MYTH No. 6

FALSE "Mentally ill persons are dangerous."

FACT

Patients who have come through mental illness and have returned to the community are apt, if

anything, to be anxious, timid, and passive. They rarely present a danger to the public.

Of a sample of some 20,000 former mental patients monitored for 18 months after their release from hospitals, only 33 were arrested for crimes involving violence. It is true that even this low ratio is somewhat higher than would be expected in the general population. But a closer look shows that the excess comes from those who had arrest records prior to their hospitalizations. A former patient without such a record is *less* likely to be arrested than the average citizen.

In the great majority of cases, the image of the former mental patient as a homicidal maniac in need of restraint is far from the truth.

FALSE

MYTH No. 7

"But recovered mental patients are surely potentially dangerous. They could go berserk at any time."

FACT

Most people who have been mentally ill never went "berserk" in the first place. Mental patients are more likely to be depressed and withdrawn than wild and aggressive. Also, according to experts, most relapses develop gradually, and if physicians, friends, families, or the persons themselves are alert and knowledgeable enough to recognize

early symptoms, recurrences can usually be detected and dealt with before they become too severe.

Fear that a recovered patient may "go wild" rarely has any basis in fact. It is almost never a valid reason for denying a former patient employment, housing, or friendship.

MYTH No. 8

FALSE "Anyone who has had shock treatment must *really* be in a bad way."

FACT

Shock treatment (electroshock or electroconvulsive therapy) is an effective way of dealing with certain cases of serious depression that are resistant to drugs and "talk" therapy. Some patients make dramatic recovery following shock treatment and remain well for years. There is no reason to assume that someone who receives this kind of therapy must be sicker than other patients, or to view such persons with added suspicion once they have recovered.

MYTH No. 9

FALSE "When you learn a person has been mentally ill, you have learned the most important thing about his or her personality."

FACT

Since mental illness afflicts that most nearly unique aspect of any human – the mind – every type of disturbance is different in every patient. For this reason, a recovered patient needs to be viewed as an individual rather than as an anonymous member of a stereotyped group.

To understand someone who has been mentally ill, you must do the same things you would do with anyone else: spend time with and talk with that person and learn about his or her past and present situations. In this special case, it may also be important to learn about the nature and quality of the individual's current care, since a former patient who is receiving good psychiatric supervision is likely to make a better employee and neighbor than one who is not receiving adequate treatment.

FALSE

MYTH No. 10

"You can't talk to someone who has been mentally ill."

FACT

Most recovered mental patients are rational and intelligent, and it is certainly possible to talk with them. Even individuals who are actively mentally ill are likely to be rational in many ways. They

may suffer from certain delusions or act disturbed at times, but in their calmer moments they will probably be able to discuss many things reasonably and sensibly.

FALSE

MYTH No. 11

"If a former mental patient has a really bad history there isn't much hope."

FACT

That person's history is important in predicting his or her chances for recovery. But some may be ill for many years before they finally receive effective treatment or their condition improves for other reasons. Once the turn-around occurs, these individuals may remain well for the rest of their lives.

FALSE

MYTH No. 12

"A former mental patient is bound to make a second-rate employee."

FACT

Many recovered mental patients make excellent employees. In fact, employers frequently report that former patients outperform other workers in such areas as attendance and punctuality, and are about equal in motivation, quality of work, and job tenure.

However, some are subject to relapses which may cause them to lose time from their jobs.

These individuals should work in flexible situations that can accommodate such interruptions. When they are working, they may perform extremely well.

FALSE

MYTH No. 13

"Perhaps recovered mental patients can work successfully at low-level jobs. But they aren't suited for really important or responsible positions."

FACT

Recovered mental patients are individuals. As such, their career potentials depend on their particular talents, abilities, experience, and motivation, as well as their current state of physical and mental health.

As mentioned earlier, a number of political leaders, artists, and others have achieved greatness despite the handicap of mental illness. Few of us can hope to match the accomplishments of these outstanding men and women. But, with modern treatment, former mental patients can reasonably expect to work at responsible jobs and continue to contribute to society, if society does not arbitrarily bar their way.

FALSE

MYTH No. 14

"Recovered mental patients have a tough row to hoe. But there's not much that can be done about it."

FACT

The way we act toward former mental patients can make all the difference in their lives. Effective treatment, hard work, and good motivation are of limited value when functioning, hard-working, well-motivated former patients are refused employment, housing, or other opportunities because of false beliefs and stereotypes. Everyone's help is needed. Here are some things *you* can do:

- Respond to recovered mental patients as individuals. Learn about the person and deal with him or her on the basis of your knowledge.
- Do what you can to help former mental patients reenter society. Support their efforts to *obtain* housing and jobs.
- Don't let false statements about mental illness or mentally ill persons go unchallenged. Many people have wrong and damaging ideas on the subject but honestly believe their notions to be true. Correct information *may* help change their minds.
- Spread the word. Tell others what you have learned and urge that recovered mental patients be treated fairly. Help give them what they need most – a chance.

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**Public Health Service
Alcohol, Drug Abuse, and Mental
Health Administration
Rockville MD 20857**

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DHHS Publication No. (ADM) 85-1391
Printed 1985

GPO : 1986 0 - 157-944